



# OHIO CONSTRUCTION INDUSTRY LICENSING BOARD QUALIFICATION CERTIFICATE HOLDER

## **CONTRACTOR REGISTRATION APPLICATION**

### **SPECIFY TYPE REQUESTED**

- ☐ Electrical
 ☐ Steam and Hot Water/Hydronics
 ☐ Warm Air Heating/HVAC  
☐ Plumbing
 ☐ Refrigeration

**Note:** 1) Attach a copy of State OCILB Certificate.

For Criteria of application for ANY registration, refer to Columbus Building Code Chapter 4114.703

### **PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION**

Application Date \_\_\_\_\_

I, the undersigned, Ohio Construction Industry Licensing Board Qualification Certificate Holder, hereby apply for a Contractor Registration, in the City of Columbus, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? ☐ Yes ☐ No

If YES, Which Board? \_\_\_\_\_ Date \_\_\_\_\_ Board Decision \_\_\_\_\_

Have you ever pled guilty or been found guilty of any offense other than non-moving traffic violations? ☐ Yes ☐ No

If YES, Please list below

OFFENSE	DATE OF ARREST OR CITATION	PLACE (CITY AND STATE)

### **PART II: QUALIFICATION CERTIFICATE INFORMATION**

Certificate # \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate is issued or assigned to (Check One)

☐ Individual Only
 ☐ Sole Proprietorship
 ☐ Partnership
 ☐ Corporation
 ☐ Other (specify) \_\_\_\_\_

### **PART III: BUSINESS/COMPANY INFORMATION**

Business Name \_\_\_\_\_ Fed ID# \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Business Type (Check One)

☐ Individual Only
 ☐ Sole Proprietorship
 ☐ Partnership
 ☐ Corporation
 ☐ Other (specify) \_\_\_\_\_

Certificate Holder's Position with Business/Company \_\_\_\_\_

(President, Vice-President, Partner, Sole-Owner, Employee, etc.)

How long has the Certificate Holder been in this position? From \_\_\_\_\_ To \_\_\_\_\_



**PART IV: STATEMENT BY QUALIFICATION CERTIFICATE HOLDER**

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Date \_\_\_\_\_ Signature of Certificate Holder \_\_\_\_\_

SWORN to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

*Notary Seal Here*

**OFFICIAL USE ONLY**

ISSUE DATE OF REGISTRATION \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

BY (LICENSE SECTION) \_\_\_\_\_ DATE \_\_\_\_\_

Remarks:



# GENERAL INFORMATION FOR CONTRACTOR REGISTRATION

## for Ohio Construction Industry Licensing Board Qualification Certificate Holders

The following information pertains to registrations issued to:

**Electrical Contractor**  
**Master Plumber Contractor**  
**Steam and Hot Water/Hydronics Contractor**  
**Refrigeration Contractor**  
**Warm Air Heating/HVAC Contractor**

Section 4114 of the Columbus Code requires the following be presented in order to secure a contractor registration:

1. A Contractor registration application completed by the OCILB Qualification Certificate Holder. This Application must be Notarized.
2. **A bond in the amount of \$15,000.** YOU MUST USE THE ENCLOSED BOND FORM. Specific information for bond completion may be found on the enclosed bond information sheet (blue form).
3. **Evidence of "liability insurance"** written by an insurance company licensed to do business in the State of Ohio with the limits of liability as required by the Ohio Construction Industry Licensing Board.
4. **Evidence of "Workers' Compensation"** with the State of Ohio for the registration holder, or the assigned company, and employees engaged or to be engaged in the work covered by such registration.  
Evidence must be a copy of your current Workers' Compensation Certificate of Coverage. Please contact The State of Ohio Bureau of Workers' Compensation at 1-800-644-6292 for additional information about this certificate.
5. **Evidence of State Certification.** All Ohio Construction Industry Licensing Board (OCILB) Qualification Certificate holders must submit a copy of their certificate that verifies they are certified through the State of Ohio.  
A Columbus registration will be issued to the individual or business entity's name that appears on the Qualification Certificate. If you wish to assign your registration to a business, that business name must appear on the certificate. When a business entity name appears on the qualification certificate, the registration will be issued to that business entity ONLY.
6. **Assignment of Registration.** If you wish to assign your registration to a business concern, we must have a current assignment form on file. In accordance with C.C. 4114, when an assignment is made, all documents are to be completed in the name of the business.  
When completing the assignment form, you must provide a list of no more than six (6) full time officers and/or employees of the business, including yourself. These individuals are required to sign the assignment form. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
7. **Social Security Number.** You must provide your social security number. If you are assigning your registration to a business concern, you must also furnish the **Federal Taxpayer ID Number** of that business concern. Paperwork that has omitted either of these pieces of identification will be returned without being processed.
8. Registration fee is \$350.00 per trade and payment may be made in person or by mail to:

**Contractor Registration**  
**City of Columbus**  
**Building Services Division**  
**757 Carolyn Avenue**  
**Columbus, Ohio 43224**  
**Checks payable to "Columbus - City Treasurer"**

## **MINIMUM PROCESSING TIME FOR SUBMITTED DOCUMENTS IS 10 BUSINESS DAYS!**

If additional information is needed, please call the contractor license message center at (614) 645-6083. This is a voice mailbox. Please leave your name, number, and a brief message. One of our customer service representatives will return your call. Forms and other information can be found at our website at [td.ci.columbus.oh.us](http://td.ci.columbus.oh.us)